

U.S. Department of Labor

Employment and Training Administration
The Curtis Center, Suite 815 East
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Reply to the Attention of: **OJC/JN/PJC**

August 24, 2005

PRH SUPPLEMENT

5.2R4

**TO: ALL REGION II JOB CORPS CENTER DIRECTORS
ALL REGION II JOB CORPS CIVILIAN CONSERVATION CENTER
DIRECTORS THROUGH AGENCY PARTNERS
ALL REGION II JOB CORPS CENTER OPERATORS**

SUBJECT: Staff Qualifications

1. **Purpose:** To provide a suggested method for personnel waivers and to ensure that Center/OA/CTS contractors submit the required waivers in a timely manner.
2. **Policy:** The PRH requires that Centers and OA/CTS contractors hire staff members that meet the minimum qualification levels outlined in Exhibit 5-3 of the PRH. Those staff members that do not meet minimum qualifications must have professional development plans that are submitted and updated annually.
3. **Background:** At many centers, the quality and administration of these plans has been inadequate. Staff members have remained on plans for many years and still have not achieved the required credentials. The Regional Office will not grant a waiver if it negatively impacts the center's ability to secure and/or maintain accreditation or its ability to produce high school graduates.
4. **Action:** OA/Centers/CTS operators shall submit requests for waivers when employees are initially hired and at the contract anniversary date (**not the employee hire date**) each year thereafter. The request shall include professional development plans that outline the courses, time-tables, and expected progress for each contract year. Operators shall use the attached format when submitting new or annual requests.

Staff members that fail to meet their waiver commitments should be counseled that this failure can impact their employment status.

September 22, 2005

SUBJECT: Staff Qualifications

5. **Inquiries:** Questions regarding this directive should be directed to your Government Authorized Representative (Project Manager).

LYNN A. INTREPIDI

Regional Director
Office of Job Corps

Attachment: Employee Waiver Form

Employee Waiver Form

Employee Name: _____

Date: _____

Is this employee a new hire? _____

Has this employee previously been on an approved waiver? _____

If yes, since what date? _____

Year of Waiver (Same as contract year) _____

Activities/courses planned to secure credentials during the year

Activities/courses planned to secure credentials next year (or in out years)

Activities/courses completed during the year

Reason for failure to meet year's goal, and/or any special considerations

Anticipated year that credential will be earned _____

Regional Actions

_____ Waiver approved for the year _____

_____ Waiver disapproved

_____ Provisional waiver granted until _____

Comments:

Project Manager: _____

Date: _____